



Illinois Department of Insurance

Health Care Provider Complaint Form

Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767-0001
1-866-445-5364 (toll-free)
TDD 217/524-4872
insurance.illinois.gov

Attention: A complaint may be filed by the insured, their designee or guardian or any other person who is attempting to reconcile a grievance against an insurance company. Any person who files such a complaint or grievance under false pretenses may be subject to criminal or civil action as the law may allow.

Please Print Clearly:

Provider Name		Date	
Attention	Phone	Fax	
Address	City	State	Zip Code
E-mail Address			

Patient Name (one patient per form)	Insured name (if different from patient)
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Name of Insurance Company, HMO or Administrator

Address of Insurance Company, HMO or Administrator	Group Name or Employer Name
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Policy Number	Claim Number	Date(s) of Service
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	Date Original Claim Submitted
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Type of Coverage:	<input type="checkbox"/> Health or PPO	<input type="checkbox"/> Medicare Supplement
	<input type="checkbox"/> HMO	<input type="checkbox"/> Dental
	<input type="checkbox"/> Other (please specify) _____	

Do you have a provider agreement with the insurance company or HMO (either directly or through a PPA, IPA or PHO)?	Have you previously discussed this matter with the Department of Insurance Office of Consumer Health Insurance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Prompt Pay Complaints: You must attach verification of claim submittal and documentation of your efforts to obtain payment such as written correspondence between you and the company. You must also attach a copy of the patient's health insurance ID card and a copy of the uniform bill as follows:

UB-92--Hospitals and Institutional Claims
HCFA-1500--Physicians and all other providers
J510, J511 or J512 ADA Form--Dentists

For All Other Complaints: You must attach copies of correspondence between you and the company, a copy of the patient's health insurance ID card and a copy of the uniform bill as listed above.

Note: The release of individually identifiable health information may require written authorization from the patient.

Please state your complaint (attach all supporting documents and use Page 2 if necessary):

Important Notice: Complaints filed with the Department of Insurance are confidential records and will not be released to any person or organization except the policyholder, insured or enrollee (or their designee) who originated the complaint or the party against whom the complaint has been filed.

